

**FAX MESSAGE FROM:**

Law Offices of  
THOMAS SCHNECK  
P.O. Box 2-E  
80 S. Market Street  
Third Floor  
San Jose, CA 95109-0005

TELEPHONE:(408) 297-9733

FAX:(408) 297-9748

EMAIL: MAIL@PATENTVALLEY.COM

DATE: April 24, 2002  
TO: USPTO  
ATTN: Examiner Lalita Hamilton  
FAX NO.: 703/306-4520  
REF.: USSN 09/529,482

FAX RECEIVED

APR 24 2002

THIS MESSAGE CONSISTS OF  
THIS COVER SHEET PLUS 25 OTHER PAGES

GROUP 3700

*Copy of amendment filed by first class  
mail on April 22, 2002.*

---

**Confidentiality Note**

This facsimile may contain material that is confidential, privileged and/or attorney work product for the sole use of the intended recipient. Any review, reliance or distribution by others or forwarding without express permission is strictly prohibited. If you are not the intended recipient, please contact the sender and destroy all copies.

**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

| (Col. 1)   |    | (Col. 2)                             |    | (Col. 3)         | SMALL ENTITY            |                   | OTHER THAN A<br>SMALL ENTITY |                               |
|--|----|--------------------------------------|----|------------------|-------------------------|-------------------|------------------------------|-------------------------------|
| CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                          |    | HIGHEST NO<br>PREVIOUSLY<br>PAID FOR |    | PRESENT<br>EXTRA | RATE                    | ADDITIONAL<br>FEE | OR                           | RATE                          |
| TOTAL  | 25 | MINUS                                | 27 | = 0              | x\$11 =                 | \$                |                              | x\$22 = \$                    |
| INDEP.   | 3  | MINUS                                | 3  | = 0              | x\$41 =                 | \$                |                              | x\$82 = \$                    |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |    |                                      |    |                  | + \$135 =               | \$                |                              | + \$270 = \$                  |
|  |    |                                      |    |                  | TOTAL<br>ADDITIONAL FEE | \$ 0              | OR                           | TOTAL<br>ADDITIONAL<br>FEE \$ |

- If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.
  - If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".
  - If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

**WARNING:** "After final rejection or action (§ 1.113) amendments may be made cancelling claims or complying with any requirement of form which has been made." 37 C.F.R. § 1.116(a) (emphasis added).

(complete (c) or (d), as applicable)

- (c) ☒ No additional fee for claims is required.

OR

- (d) ☐ Total additional fee for claims required \$ \_\_\_\_\_

**FEE PAYMENT**

5. ☒ Attached is a check in the sum of \$ 460.00 (for 3-month time extension).

- ☐ Charge Account No. \_\_\_\_\_ the sum  
of \$ \_\_\_\_\_

A duplicate of this transmittal is attached.

**FEE DEFICIENCY**

**NOTE:** If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO France Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1988, (1085 O.G. 31-33).

6. ☒ If any additional extension and/or fee is required, charge Account No. 19-0590

**AND/OR**

- ☒ If any additional fee for claims is required, charge Account No. 19-0590

Reg. No.: 24,518

Tel. No.: (408 ) 297-9733

Customer No.: 003897

Thomas Schneck  
SIGNATURE OF PRACTITIONER

Thomas Schneck  
(type or print name of practitioner)

P.O. Box 2-E

P.O. Address

San Jose, CA 95109-0005

# 7/52  
4/26/02Practitioner's Docket No. DYC-011

PATENT APPLICATION

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Robert J. Watts

Serial No.: 09 / 529,482 Group No.: 3764

IA Filing Date: 10/12/98 Examiner: L. Hamilton

For: ANKLE-FOOT ORTHOSIS

Assistant Commissioner for Patents  
Washington, D.C. 20231

FAX RECEIVED

APR 24 2002

GROUP 3700

## AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

## STATUS

2. Applicant is  
☒ a small entity. A verified statement:  
☐ is attached.  
☒ was already filed.  
☐ other than a small entity.

## CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

## MAILING

☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

## FACSIMILE

☐ transmitted by facsimile to the Patent and Trademark Office.Date: April 22, 2002Merle P. Garcia  
SignatureMerle P. Garcia

(Type or print name of person certifying)

(Amendments Transmitted (9-18)—page 1 of 4)

Adjustment date: 11/29/2002 EEKURBY1  
04/26/2002 STHUMAS 00000001 190590 09529482  
01 FC:217 460.00 CR

04/26/2002 STHUMAS 00000001 190590 09529482

01 FC:217

460.00 CR